



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH SERVICES DIVISION
JUVENILE PAROLE

FURLOUGH EXTENSION REQUEST

FROM: Youth Name: _____
Youth ID: _____ Date: _____

PURPOSE: I am requesting a furlough extension for the purpose of: _____

TIME PERIOD: _____ to _____
(Date) (Date) (Time)

ESCORT DETAILS: _____ will be returning me to the facility
(Name)
on _____ at _____
(Date) (Time)

**TRANSPORTATION
DETAILS:** _____
(Make of Car)
License No: _____ belonging to: _____
(Name)

SUPERVISION: I will continue to report to _____
(Parole Officer)
at the times and dates as directed by the Officer.

RESIDENCE: I will be residing at _____
(Address)
under the supervision of: _____

FINANCIAL: I intend to provide for my financial needs through the following means: _____

PAROLE OFFICER ☐ **Approved** ☐ **Disapproved**

Reason: _____

I, _____ contacted the Facility Superintendent _____
(Supervising Parole Officer) (Superintendent Name)
by telephone at _____ on _____. The Facility Superintendent hereby verbally
(Time) (Date)

☐ Approved ☐ Disapproved the furlough extension request of _____.

I, _____ contacted the YCC Bureau Chief _____
(Supervising Parole Officer) (YCC Bureau Chief Name)

by telephone at _____ on _____. The YCC Bureau Chief hereby verbally
(Time) (Date)

☐ Approved ☐ Disapproved the furlough extension request of _____.
(Youth Name)

Parole Officer Signature _____ Date _____

Copy sent to Facility Records on _____
(Date)

I understand that failure to abide by stipulations of the furlough agreement will result in disciplinary action. I understand that failure to return to the facility by the time stipulated could result in escape charges. I have read the rules of the furlough agreement and my signature means I understand them and agree to abide by them.

Youth Signature _____ Date _____ Witness Signature _____ Date _____